

Alabama Medicaid Agency
Private Duty Nursing -- Agreement for Care

☐ Private Duty Nursing Program for Children Under Age 21 ☐ TA Waiver for Adults Age 21 and Over

Private duty nursing under Medicaid is set up to help patients whose health needs go beyond the care that can be given through home health. This type of care is set up to help family members or other caregivers get ready to care for the patient on their own. Private duty nursing is not intended to replace care given by family members or others in the home.

Medicaid is a voluntary program. This means that when the patient signed up for Medicaid, the patient or family member agreed to be a part of Medicaid and follow Medicaid's rules.

By signing this form you, the qualified caregiver, agree:

1. That the goal of private duty nursing care is to help you, family members or other caregivers get ready to care for the patient on your own or to move him or her to another type of care to match the patient's needs.
2. That the number of private duty nursing hours will be reduced to match the patient's medical needs over time.
3. That all other available benefits have been applied for, such as Private Duty Nursing hours through the school system, and that available benefits have been accepted and reported to the Medicaid Prior Approval Unit.
4. That private duty nursing does not replace the care given by family or other caregivers in the home.
5. To work with the nursing staff to learn how to care for the patient on your own.
6. That the following services are NOT COVERED by Medicaid private duty nursing:
 - A. Services that can be provided in a safe, complete and effective manner by home health.
 - B. Services for the convenience of the patient, family or caregiver, such as the services of a sitter or driver.
 - C. Custodial, sitter or unskilled respite services of any kind.
 - D. Services when the patient is in the hospital or a nursing home
 - E. Services at any time the patient does not qualify for Medicaid or for private duty nursing
 - F. Services for behavioral or eating disorders, for observation or for monitoring medical conditions which do not require skilled nursing care.

List other caregivers: _____

Patient receives _____ hours weekly of Private Duty Nursing through the _____ School System.

I have been given a copy of the rules for private duty nursing and I have had the chance to ask questions about anything on this form and about private duty nursing under Medicaid. By signing this form, I state that I understand all of the rules for private duty nursing and agree to follow them in order for the patient to get this care.

Signed:

Client/Patient (if applicable) _____ Date _____

Qualified Caregiver _____ Date _____

Case Manager _____ Date _____

Private Duty Nursing Agency _____ Date _____

Other Direct Service Provider (if applicable) _____ Date _____

Physician _____ Date _____